

## TOWN OF PRIMROSE DOG LICENSES

All dogs five (5) months of age or older, require a license under Wisconsin State Statutes (Chapter 174). The license year is January 1 – December 31. Licenses must be purchased by March 31, 2011. **A late fee of \$5.00 per license will be charged for any license purchased on or after April 1, 2011.**

Prices are as follows:

Spayed or Neutered - \$9.00

Un-spayed or Un-neutered - \$ 14.00

Kennel license (12 or fewer dogs) - \$38.50 (*Kennel is defined as any establishment wherein or whereon dogs are kept for the purpose of breeding, sale, or sporting purposes.*) Each additional dog is \$9.00.

Important: You must show a certificate of Rabies vaccination before a license can be issued. If you do not have a certificate, contact your veterinarian for a duplicate copy.

If you are purchasing the dog license by mail, send a completed application, a self-addressed, stamped envelope and the original Rabies vaccination certificate with payment to the treasurer. The vaccination certificate will be returned with your dog license and receipt.

Mail payment to:      Town of Primrose Treasurer  
                                 Kristy Gorman  
                                 8274 Austin Road  
                                 Verona, WI 53593

Dog license applications are available at the town hall or can be printed from the Town of Primrose website at [http://tn.primrose.wi.gov/meetings/Primrose\\_2011\\_dog\\_license\\_app.pdf](http://tn.primrose.wi.gov/meetings/Primrose_2011_dog_license_app.pdf)

Rabies Vaccination Information: Vaccination by a veterinarian against rabies is required for all dogs under Sec. 95.21(2) within thirty (30) days after the dog reaches four (4) months of age and revaccinated within one (1) year of the initial vaccination. The owner of a dog shall have the dog revaccinated against rabies by a veterinarian before the day that the immunization expires as stated on the certificate of vaccination or, if no date is specified, within three (3) years after the previous vaccination.

If the owner obtains the dog or brings the dog into this state after the dog reached four months of age, the owner shall have the dog vaccinated against rabies within 30 days after the dog is obtained or brought into the state unless the dog has been vaccinated as evidenced by a current certificate of rabies vaccination from this state or another state.

## 2011 DOG LICENSE APPLICATION

Town of Primrose, Dane County, Wisconsin  
Valid January 1 – December 31, 2011

All dogs five (5) months of age or older, require a license under Wisconsin State Statutes (Chapter 174). The license year is January 1 – December 31. Licenses must be purchased by March 31, 2011. **A late fee of \$5.00 per license will be charged for any license purchased on or after April 1, 2011.**

**License fees:**

**\$14.00 male or female**

**\$9.00 neutered male or spayed female**

**\$38.50 kennel license (12 or fewer dogs)**

**- Each additional dog is \$9.00**

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dog #1	Dog #2	Dog #3
Name: _____	Name: _____	Name: _____
Color: _____	Color: _____	Color: _____
Breed: _____	Breed: _____	Breed: _____
Male / Female (Circle one)	Male / Female (Circle one)	Male / Female (Circle one)
Rabies Vaccine expires on: _____	Rabies Vaccine expires on: _____	Rabies Vaccine expires on: _____
Vaccine Serial: _____	Vaccine Serial: _____	Vaccine Serial: _____
Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____	Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____	Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____
Spayed or Neutered Yes / No	Spayed or Neutered Yes / No	Spayed or Neutered Yes / No
Late fee (\$5.00) Yes / No	Late fee (\$5.00) Yes / No	Late fee (\$5.00) Yes / No
Amount Due: \$ _____	Amount Due: \$ _____	Amount Due: \$ _____

**(See other side for additional dogs)**

Note: If your dog is currently licensed in the town and the rabies shot has not expired within the past year, you do not need to provide the certificate.

I certify that the above information is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Enclose Check Payable to:**  
**Town of Primrose Treasurer**  
**Kristy Gorman**  
**8274 Austin Road**  
**Verona, WI, 53593**

Licenses and payment receipts will be mailed to you within two weeks. Licenses may also be obtained in person at the town hall during tax collection or by scheduling with the treasurer by calling 832-4897.

# 2011 DOG LICENSE APPLICATION

Town of Primrose, Dane County, Wisconsin  
Valid January 1 – December 31, 2011

## Dog #4

## Dog #5

## Dog #6

Name:	Name:	Name:
Color:	Color:	Color:
Breed:	Breed:	Breed:
Male / Female (Circle one)	Male / Female (Circle one)	Male / Female (Circle one)
Rabies Vaccine expires on:	Rabies Vaccine expires on:	Rabies Vaccine expires on:
Vaccine Serial:	Vaccine Serial:	Vaccine Serial:
Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____	Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____	Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____
Spayed or Neutered Yes / No	Spayed or Neutered Yes / No	Spayed or Neutered Yes / No
Late fee (\$5.00) Yes / No	Late fee (\$5.00) Yes / No	Late fee (\$5.00) Yes / No
Amount Due: \$ _____	Amount Due: \$ _____	Amount Due: \$ _____

## Dog #7

## Dog #8

## Dog #9

Name:	Name:	Name:
Color:	Color:	Color:
Breed:	Breed:	Breed:
Male / Female (Circle one)	Male / Female (Circle one)	Male / Female (Circle one)
Rabies Vaccine expires on:	Rabies Vaccine expires on:	Rabies Vaccine expires on:
Vaccine Serial:	Vaccine Serial:	Vaccine Serial:
Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____	Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____	Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____
Spayed or Neutered Yes / No	Spayed or Neutered Yes / No	Spayed or Neutered Yes / No
Late fee (\$5.00) Yes / No	Late fee (\$5.00) Yes / No	Late fee (\$5.00) Yes / No
Amount Due: \$ _____	Amount Due: \$ _____	Amount Due: \$ _____

## Dog #10

## Dog #11

## Dog #12

Name:	Name:	Name:
Color:	Color:	Color:
Breed:	Breed:	Breed:
Male / Female (Circle one)	Male / Female (Circle one)	Male / Female (Circle one)
Rabies Vaccine expires on:	Rabies Vaccine expires on:	Rabies Vaccine expires on:
Vaccine Serial:	Vaccine Serial:	Vaccine Serial:
Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____	Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____	Vaccine Manufacturer (circle one) IMRAB Rhone Merieux Fort Dodge Pfizer Defensor SKB Merial Other _____
Spayed or Neutered Yes / No	Spayed or Neutered Yes / No	Spayed or Neutered Yes / No
Late fee (\$5.00) Yes / No	Late fee (\$5.00) Yes / No	Late fee (\$5.00) Yes / No
Amount Due: \$ _____	Amount Due: \$ _____	Amount Due: \$ _____